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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date May 4, 1982		Division of Public Health Children's Medical Services Room 366-S - 47 Trinity Avenue, S.W. Atlanta, Georgia 30334		Application Number 73-486-A	
Application Number DHR 82-16				Date Received MAY 6 1982	
				Date Completed MAY 19 1982	
2. Person to Contact		Working Title		Telephone Number	
Deborah Glover		Office Manager		656-4830	
3. Action Requested		Series title - retention period			
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.		purpose of program - filing arrangement			
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input checked="" type="checkbox"/> Amend Application No. <u>73-486</u>		Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void			
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1/1/82		Children's Medical Services State-wide Patient Record Case Files			
Latest continuing					
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?			
The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of certificates of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.					
Children's Medical Services has the responsibility for identification, diagnosis, and treatment of individuals 0 to 21 years of age who have handicapping conditions and are medically and financially eligible.					
7. Records Series Description		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.			
Documents relating to: identifying, diagnosing, and treating individuals 0 to 21 years of age who have handicapping conditions and are medically and financially eligible.					
Included are: forms as applicable for various medical problems -- No. 3315 (Patient Data Card) - No. 3344 (Medical Referral to Crippled Children's Program) - DPH/HIS (2)-6 [new no. 3206] (Physical Appraisal) - DPH/HIS (3)-2 [new no. 3302] (Medical History) - No. 3049 (Family Data Base) - No. 3322 (Permission for Medical Care) - No. 5459 (Authorization for Release of Information) - DPH/HIS (3)-1 [new no. 3301] (Confidential Crippled Children's Unit Fact Sheet) - No. 3308 (Supplemental Financial Data) - No. 3316 (Notification of Action Taken on Referral) - No. CCP 65 (Nursing Administrator Review of New Referral) - No. 3051 (Problem List) - No. 3336 (Clinical Summary Sheet) - No. 3303 (Clinic Work Sheet) - unnumbered form (Equipment Flow Sheet) - No. 3306 (Clinical Record) - No. 3307 (Estimated Cost of Care Plan) - CSS 5a (Register and Accept Letter [to parent as to treatment of child] - CCU 4a Discharge Letter [to parent when child is released from care] - LB 11 (Head Circumference					
The file is arranged: Microfilm jacket file: by terminal digit; Patient record files: may be arranged by terminal digit or alphabetically by name of patient.					
8. Monthly Reference Rate		How often are records referred to which are:			
One to six months old _____		Seven to twelve months old _____			
twenty-five months and older _____		Thirteen to twenty-four months old _____			
		see section 11			
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____		Legal-size drawers _____			
		Shelves _____			
		Other (Specify) <u>25 to 30 cu. ft.</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? Microfilm jacket file - Atlanta Clinic If not, where is it? Medical record files - 9 clinics State-wide - respectively
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. contain patient names - DHR confidentiality policy XI.A.2 (a)
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? research - see item 11
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed? discontinued 12/31/81
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 50 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need. On frequent occasions physicians, patients, or other agencies and institutions require past files on adults who were treated as infants, children, or youth by Children's Medical Services Clinics.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

under private care - is under the care of another agency - does not need care at the present time - or has been lost to follow-up)

notify Children's Medical Services, Atlanta Clinic, and place all papers for a particular patient in the closed file, alphabetically by name of patient.

Children's Medical Services Clinics

Beginning January 1, 1982, cut off file as follows:

Patient Medical Record Case Files

Upon determination that case is closed (patient is cured - has attained age 21 - is deceased - has moved from the State - is not financially eligible - was registered in error - is no longer interested in care - is

These instructions apply to all prior and future accumulations of the series.

Closed file

Cut off file at end of each calendar year; hold at clinic 1 year; transfer to State Records Center or local storage area; hold 50 years; then destroy by method to protect confidentiality of information, except that transfer files for years ending in 2 to Archives for permanent retention.

To insure confidentiality of medical

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Judy Lord	5-4-82	Elizabeth Crank	1/82
		Elizabeth W. Crank CRM/RMO State Records Committee (Signature)	Date
State Auditor/Designee			5-18-82
Secretary of State/Designee		Carroll Hart	5-17-82
Attorney General/Designee			5-19-82

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

Application for Records Retention Schedule

Children's Medical Services State-wide Patient Record Case Files

Continuation

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7. Chart) - DPH/HIS-44 [new no. 3244] (Growth Chart for Boys) - No. 3245 (Pre-Pubertal Chart - Boys 2 to 11 years) - No. 3246 (Growth Chart for Girls) - No. 3247 (Pre-Pubertal Chart - Girls 2 to 10 years) - No. 3297 (Audiogram) - No. 3332 (Record of Medication) - No. 3317 (Laboratory Report for Hematology) - No. 3318 (Laboratory Report for Urinalysis) - 3314 (Crippled Children's Authorization for Services). Also included would be medical reports, other reports, EEG and EKG tracings, as appropriate, and related correspondence.

12. Reference instructions (continued)

information and to avoid loss in the mail, requests for reference to patient records stored at the State Records Center will be made through Child Health Program, Atlanta.

Microfilm Jacket File

Atlanta Clinic - arranged by terminal digit

Cut off file December 31, 1981; hold 50 years; then destroy.



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
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1. Application Date August 13, 1973	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-PH-13		Date Received AUG 10 1973	Application No. 73-486 Date Completed 8-27-73
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Physical Health - Crippled Children's Unit 47 Trinity Avenue Atlanta, Georgia 30334		4. Person to Contact Mr. Ed Crockett	
		5. Working Title P. M. O.	6. Tel. No. 656-4932

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest
Dates of Series
1938 - to present

9. Exact Series Title
Crippled Children Medical Record Files

10. What is the function of the office in which this record series is created?
The Crippled Children's Unit, under the direction of the Unit Chief, is responsible for providing corrective or medical services to handicapped or crippled children within the State. The Unit provides diagnostic, corrective treatment, and if necessary, payment for medical services rendered to the child.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the referral, diagnosis, and treatment of a disabled (crippled) child. Included are: referrals to physicians for treatment; records of diagnosis and treatment of handicap or disability; supporting medical documentation and record of closure of case. The file is arranged numerically by terminal digit.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records		
Letter-size File Drawers	115	170			9	15	
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s) In Storage Area(s)			
				160			
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years
				22	8	5	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency?
A partical duplicate file is maintained in field during treatment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?
State Office Level - Yes Clinic Level - No | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?
For storage, retrieval, reproduction, and reference of inactive cases | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

24. **Documentation of medical treatment received by patients. Medical - Legal purposes**
REQUIREMENTS. The following requires the files to be kept 25 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
 (Cite Law, Statute, or other reason for the retention requirement)

Based upon recommendation of the American Medical Association and experience of Program Management Officer

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER See below, then:

When a patient has not received treatment during a three year period, or has attained age 21, or has relocated out of the State, or is deceased place all documents on microfilm and destroy paper originals.

Field Medical Record Files - Upon occurrence of one of the events indicated above, remove from active file and transfer to the Crippled Children Unit, Department of Human Resources for inclusion in Crippled Children Medical Record Files.

Paper originals - Destroy when placed on microfilm.

Microfilm copy - Cut off at the end of each fiscal year; then hold in the current files area 1 year; then retire to State Archives for permanent retention.

Records Management Officer (Signature) <i>William G. Kern</i>		Date <i>8/14/73</i>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are:		Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Edward M. Crockett</i>	<i>8-14-73</i>
		State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>8-24-73</i>
		Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll West</i>	<i>8-15-73</i>
		Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>W. R. K. Hall</i>	<i>8-24-73</i>

STATE RECORDS
COMMITTEE